



# WATER WELL REPORT FOR AN EXISTING WELL

## INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

**YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM.** Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

<b>CURRENT USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other		Unique Ecology Well ID Tag No. <u>APR 775</u>																	
<b>DIMENSIONS:</b> Diameter of well <u>6</u> inches. Depth of completed well <u>250</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
<b>CONSTRUCTION DETAILS</b> Liner installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Property Owner Name <u>Fir Grove Mobile Park</u> Well Street Address <u>1020 Haga Rd - (SR 20 &amp; Haga)</u> City <u>Oak Harbor</u> County: <u>Island</u> Tax Parcel No. <u>R13210-415-2330</u>																	
<b>Perforations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs <u>  </u> in. by <u>  </u> in. and no. of perfs <u>  </u> from <u>  </u> ft. to <u>  </u> ft.		<b>LOCATION</b> <u>State Route 20 &amp; Haga Road</u> An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office.																	
<b>Screens:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Mfr's name <u>  </u> Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam. <u>  </u> Slot Size <u>  </u> from <u>  </u> ft. to <u>  </u> ft.		Sec <u>10</u> Twn <u>32N</u> R <u>1E</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EWM</span> Circle one WWM																	
<b>Gravel/Filter Packed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Materials paced from <u>  </u> ft. to <u>  </u> ft.		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td> <td><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">C</span></td> <td>B</td> <td>A</td> </tr> <tr> <td>E</td> <td>F</td> <td>G</td> <td>H</td> </tr> <tr> <td>M</td> <td>L</td> <td>K</td> <td>J</td> </tr> <tr> <td>N</td> <td>P</td> <td>Q</td> <td>R</td> </tr> </table>		D	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">C</span>	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">C</span>	B	A																
E	F	G	H																
M	L	K	J																
N	P	Q	R																
<b>Surface Seal:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If know, to what depth <u>  </u> ft. Materials used if known: <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement		This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.																	
<b>PUMP:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name <u>  </u> Type: <u>25 gpm submersible</u> H.P. <u>5</u> <u>set at 220 feet</u>		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>10-75904</u> Long Deg <u>122</u> Long Min/Sec <u>40-1811</u>																	
<b>WATER LEVELS:</b> Land-surface elevation above mean sea level <u>  </u> ft. Static Level <u>  </u> ft. below top of casing Date measured <u>  </u> Artesian pressure <u>  </u> lbs. per square inch Date measured <u>  </u> Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> GPS <input type="checkbox"/> Survey <b>RECEIVED</b> <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
<b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input type="checkbox"/> Unknown Yield: <u>18</u> gal./min. with <u>  </u> ft. drawdown after <u>  </u> hrs.		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach) <u>11/11/21/2012</u> ECOLOGY NWRO - WR																	

**CERTIFICATION:** The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No.   

Date Signed   

Drilling Company Island County Health Dept.

Address of person completing this form:

PO Box 5000

City, State, Zip Coupeville, WA 98239